PTOYSIAS (08-0)
Approved for use through 7/31/2008; OMS 0851 0052

Under the Peperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid CN/S control number.											
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									79934156		
CLAIMS AS FILED - PART I OTHER THAN											
Ŀ	. (Column 1) (Column 2)					٠.	SWALL	ENTITY	. CR		ENTITY
	FOR	MAN	BER FILE	100	MUMBER EXTRA		RATE	FEE		RATE	FEE
Ø	VEIC FEE 7 CFR 1.16(xt)				·			-	OR		1
t	YTAL CLAMES FOFR 1.18(ct)		minus :		•		× 4 •		OR	x s=	
	DEPENDENT CLA CFR 1.166)	ALS	crimus	3 • •	•		x s•		OR	× *	
MULTIPLE DEPENDENT CLAM PRESENT (\$7 CFR 1.18(49)							+8=.		08	4.	
•1	the difference in		TOTAL		OR	TOTAL	<u> </u>				
CLAIMS AS AMENDED - PART II											
8	8·20-05 (Column 1) (Column 2) (Column 3)						SMALL E	ENTITY	OR	OTHE SMALL	
4		CLAMS REMARING	T	HIGHEST	PRESENT	1	RATE	ADDL	1	RATE	
ENDMENT		AFTER AMENDMENT		PREVIOUS PAID FOR	Y EXTRA		10.10	TIONAL		- ALIE	ADDI- TIONAL FEE
Š	Total '(37 CFR 1.16)(8)	" /	Minus	20	0		×4		OR	xs=	
EN	CLCM FABO	. /	Minus	-4	.0		X 8=		OR	×4=	
A	FIRST PRESENT	TATION OF MALTUR		BLICKN U	CFR 1.58(x)		+5		OR	••	
							TOTAL ADDL FEE		OR	TOTAL ADDL FEE	
2/2/06 (Column 1) (Column 2) (Column 3)										1006162 [
8	1	CLAINS	}	HOCHEST							
		REMAINING	I	NUMBER PREVIOUS	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADOI- TIONAL
MENT		AMENOMENT	<u> </u>	PAID FOR		ı	<u> </u>	FEE		<u>.</u>	FEE
M	Con reside	. /	Minus	20	•		×4	/	OR	`x s=	
KEND	prom Laps		Minus	4	•		× 8 •		_OR	X 8=	
PRET PRESENTATION OF MATTIFLE DEPENDENT GLAM GP CFR 1.184(1)						L	+ <u>a</u> -·		OR	9	
						_	ADDL FEE		OR	ADDL FEE	•
2	11/06	(Cotumn 1)		(Column 2	(Column 3)	_					
ひを		CLAIMS REMARING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
Ä	Total profit traps	· /·	Minus	PAD FOR	1.	ł	x s =	FEE	OR	×4	FEE
AMENDMENT	Independent OF O'R LINDS	• /	Minus	- 4	1- 1	7		= -1	OR OR	×1	
₹	FRUT PRESENTATION OF MATURE DEPENDENT CLAIM (27 CFR 1.18(0)						•	7	~	4.	
					L	TOTAL		~~ 1	TOTAL		
					•		ADD'L FEE		OR	ADO'L FEE	
# Ethe entry in column 1 is less than the entry in column 2, write "0" in column 3. # Ethe "Righest Mumber Previously Paid For" IN THOS SPACE is less than 20, writer "20". # If the "Righest Mumber Previously Paid For" SH THOS SPACE is less than 3, enter "2".											
_	u un regress H	water controlly	THE PARTY	un 1705 677Q	r = 422 48 0 2 6 0		J.				

"The "Highest Number Previously Peld For" BY THIS SPACE is less than 3, enter "7.

The "Highest Number Previously Peld For" (Total or independent) is the highest number bound in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to actain or retain a benefit by the public which is to the (and by the USPTO to process) on application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. This will say depending upon the includual case. Any comments on the amount of time your require to complete this form endor evaporations for reducing this burden, should be cert to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

Byou need excitance in completing the form, cell 9-800-P7O-9199 and select option 2.